

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

NOV 4 1936

1. PLACE OF DEATH

County .....

Registration District No. ....

Township .....

Primary Registration District No. ....

City St. Louis

(No. De Paul Hospital

791

1003

File No. ....

Registered No. ....

49108

10254

St. .... Ward)

2. FULL NAME Infant Hughes

(a) Residence, No. 3439 Utah  
(Usual place of abode)

St. 16 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct. 11 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

0

0

0

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

10. Date deceased last worked at  
this occupation (month and  
year).....

11. Total time (years)  
spent in this  
occupation.....

12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

St Louis

Mo

13. NAME William F Hughes

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

St Louis

Mo

15. MAIDEN NAME Barbara Wilson

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Illinois

17. INFORMANT William F Hughes  
(ADDRESS) 3439 Utah

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary

DATE Oct 12 1936

19. UNDERTAKER A. Strong & Co  
(ADDRESS) 2707 W Grand Blvd

20. FILED L. J. 11 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from  
10-11-36, 1936, to 10-11-36, 1936.

I last saw him alive on 10/11, 1936 at 7:18am.

Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn

Other contributory causes of importance:

Fibrinous

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) L. J. Hayden, M. D.

(Address) 5899 Delmar

